

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 013 ***150.00

DOCUMENT # K78859

1. Entity Name
**BALCAVAGE CUSTOM FURNITURE AND CABINETRY,
INC.**



Principal Place of Business
**125 B EAST DRIVE
W MELBOURNE, FL 32904 US**

Mailing Address
**C/O BALCAVAGE
312 TRINIDAD DR
SATELLITE BEACH, FL 32937 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2947773** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALCAVAGE, GREG
312 TRINIDAD DR
SATELLITE BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TUREK, DONALD
STREET ADDRESS 125 B EAST DR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE P
NAME BALCAVAGE, GREG
STREET ADDRESS 125 B EAST DR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 (321) 733-7707
Date Daytime Phone #